COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention ENTITLED:

Method for treating acute intermittent porphyria (AIP) and other porphyric diseases

the specification of which:

- ☐ is attached hereto
- ☐ was filed on 27 July 2000 as:
- ☒ United States Application Serial No. _____
- ☐ PCT Application No. _____
- ☐ and was amended on _____ (if applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and that I acknowledge the duty to disclose information which is material to examination of this application in accordance with 37 C.F.R. § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119, 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S. listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s) [list additional applications on separate page]:

Country (or PCT)	Application Number:	Filed (Day/Month/Year)	Priority Claimed: Yes	No
PCT	PCT/DK99/00040	27 January 1999		x
Danish	PA 1998 00112	27 January 1998	x	
Danish	PA 1998 01748	30 December 1998	x	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any prior U.S. Application(s) or any prior PCT Application(s) designating the U.S. listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37

C.F.R., § 1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:
Prior U.S.Application(s) [list additional applications on separate page]:

U.S. Serial No.:	Filed (Day/Month/Year)	PCT Application No.	Status (patented, pendi
60/094,258	27 July 1998		provisior
09/358,856	22 July 1999		pending

I hereby appoint the following attorneys, with full power of substitution, association and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Sheridan Neimark 25,618	Reg. No. 20,520	Roger L. Browdy	Reg. No.
Anne Mr. Kornbau 19,963	Reg. No. 25,884	Norman J. Latker	Reg. No.
Iver P. Cooper 18,453	Reg. No. 28,005	A. Fred Starobin	Reg. No.
Allen C. Yun 33,478*	Reg. No. 37,971*	Nick S. Bromer	Reg. No.

* Patent Agent

Address all Correspondence to:

BROWDY AND NEIMARK
419 Seventh Street, N.W., Suite 300
Washington, D.C. 20004

Direct all telephone calls to:
BROWDY AND NEIMARK
(202) 628-5197

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

INVENTORS:

Full name of first or sole inventor (capitalize surname)	Inventor's signature	Date
FOGH, Jens		
Residence (City, State & Country)		**Citizen of**
Bjergagervej 37, DK-3400 Hillerød, Denmark		Denmark
Post Office Address (include postal code, and country)		
Bjergagervej 37, DK-3400 Hillerød, Denmark		

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Full name of additional inventor (capitalize surname)	Inventor's signature	Date
GELLERFORS, Pär		
Residence (City, State & Country)		Citizen of
Lagmannsvägen 13, SE-18163 Lidingö, Sweden SE		Sweden
Post Office Address (include postal code, and country)		
Lagmannswägen 13, SE-18163 Lidingö, Sweden		

Full name of additional inventor (capitalize surname)	Inventor's signature	Date
Residence (City, State & Country)		Citizen of
Post Office Address (include postal code, and country)		

ALL INVENTORS MUST REVIEW APPLICATION AND DELCARATION BEFORE SIGNING. ALL ALTERATIONS MUST BE INTIALED AND DATED BY ALL INVENTORS PRIOR TO EXECUTION. NO ALTERATIONS CAN BE MADE AFTER THE DECLARATION IS SIGNED. ALL PAGES OF DCLARATION MUST BE SEEN BY ALL INVENTORS.

20576 US3

Applicant or Patentee: Par Gellerfors et al. Case Docket No. _____
Serial or Patent No.: _____
Filed or Issued: _____
For: Method for treating acute intermittent porphyria (AIP) and other porphyric diseases

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

() the owner of the small business concern identified below.
(xx) an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF CONCERN Hemebiotech A/S
ADDRESS OF CONCERN Roskildevej 12 C, DK-3400 Hillerod, Denmark

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled Method for treating acute intermittent porphyria (AIP) and other porhyric diseases by inventor (s) Par Gellerfors and Jens Fogh described in

() the specification filed herewith
(x) application serial no. _____, filed 27 July 2000
() patent no. _____, issued _____

If the right held by the above identified small business concern is not exclusive, each individual, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

FULL NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Jens Fogh Par Gellerfors
TITLE OF PERSON OTHER THAN OWNER
ADDRESS OF PERSON SIGNING Hemebiotech A/S Roskildevej 12C DK-3400 Hillerod
SIGNATURE _____ DATE 24 August 2000